

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		8/19/99
O.I.P.E. CLASSIFIER		16	9/19/99
FORMALITY REVIEW	<i>[Signature]</i>		9-25-99

INDEX OF CLAIMS

✓ Rejected
 Allowed
 (Through numeral)..... Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1		3/99	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet h r

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